

CAMPBELL COUNTY DEPARTMENT OF HOUSING
P.O. BOX 72424, NEWPORT, KY 41072
859-261-5200 FAX: 859-261-0577

CERTIFICATION OF DISABLED STATUS

The HUD definition of a person with a disability is used for the purposes of receiving the Disabled Family preference, the \$400 disabled household deduction, the \$480 dependent allowance, the allowance for medical expenses, and/or the allowance for disability assistance expenses.

The person must provide third-party documentation that they meet at least one of the three qualifying HUD definitions of disabled.

Persons are considered disabled if:

(1) They have a disability as defined in 42 U.S.C. 423 - **42 U.S.C. Section 423(d)(1)(A) defines disability as:**

“Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months; or In the Case of an individual who has attained the age of 55 and is blind (within the meaning of “blindness” as defined in section 416(i)(1) of this title), inability by reason of such blindness to engage in substantial gainful activity requiring skills or ability comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time.”

(2) They are determined pursuant to HUD regulations, to have a physical, mental or emotional impairment that:

- (a) is expected to be of long-continued and indefinite duration;
- (b) substantially impedes their ability to live independently; and
- (c) is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

OR

-They are functionally disabled as defined in Section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(7)). “Severe chronic disability of a person 5 years of age or older that:

- (a) is attributable to a mental or physical impairment or a combination of mental and physical impairment;
- (b) is manifested before the person attains age 22;
- (c) is likely to continue indefinitely;
- (d) results in substantial functional limitation in three or more of the following areas of major life activity; self-care, receptive and responsive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency.
- (e) reflects the person’s need for combination and sequence of special interdisciplinary or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.”

- Persons who have acquired immunodeficiency syndrome (AIDS) or any conditions arising from the AIDS virus are not excluded from this definition.

-For purposes of qualifying for low income housing, the definition does not include a disability based solely on any drug/alcohol dependence.

Name of person requesting disabled status:_____

Name/Signature of Medical Person completing this form:_____ Signature:_____

Date:_____

After reviewing the person’s medical history, please indicate whether you believe they meet any of the definitions of disability as stated above? ____YES ____ NO

Address:_____

Phone Number:_____

I, _____, by signing this form do hereby authorize the release of the requested information to the Campbell County Department of Housing in order to determine my eligibility for rental assistance.

SIGNATURE

DATE

SSN

DOB